(check applicable box)    FEDERAL CANDIDATE			□ STA	☐ STATE/LOCAL CANDIDATE			
Station an	d Location:	* * * * * * * * * * * * * * * * * * *		Date:			
l, <u>Shea</u>	talf of:	of Sa	ile. Sti	ategic Med	ia Ine,		
	lified candidate				1		
election to b	e held on:/		/	2016			
Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks		
Attach propo	sed schedule w	ith charges (	if available):				

I represent that the payment for the above des	scribed broadcast time has been furnished
and you are authorized to announce the time a represent that this person or entity is either a least authorized committee/organization of the legal	IOMONIA OLIGINA ASSAULT
The name of the treasurer of the candidate's a	ducta
This station has disclosed to me its political ad classes and rates; and discount, promotional a to federal candidates).	dvertising policies, including: applicable and other sales practices (not applicable
	) 
To Be Signed By Candidate o	or Authorized Committee
9-9-16 Shun(	Made Cay
	Signature
To Be Signed By Station	on Representative
Accepted □ Acce	epted in Part □ Rejected
Ullonica How Veronica	a flores NSM
Signature Prin	nted Name Title

## FEDERAL CANDIDATE CERTIFICATION

A control of the cont	The second secon
I,	
(name of federal candidate or authorized comm programming to be broadcast (in whole or in pa	nittee) hereby certify that the art) pursuant to this agreement:
□ does	'☑ does not
refer to an opposing candidate (check applied programming that does refer to an opposing call	able box). I further certify that for the ndidate:
(check applicable box)	
the programming contains a personal identifies the candidate, the office being sought, the broadcast.	audio statement by the candidate that and that the candidate has approved
the programming contains a clear image of the candidate for a duration of at least displayed printed statement identifying the cand broadcast, and that the candidate and/or the catthe broadcast.	rour seconds, and a simultaneously
Akeri Sada Colf	
signature of candidate or a	thorized committee
Sheri Sadle, Wour	9.9-16
printed name	date

## AGREED UPON SCHEDULE

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number o Weeks
			<u> </u>		
	SH	ie for	in at cre	Cee_	
		(			

## AFTER AIRING OF BROADCASTS:

Attach invoices or Schedule Run Summary to this Form showing:

- 1) actual air time and charges for each spot
- 2) the date(s), exact time(s) and reason(s) for Make-Good(s), if any; and
- 3) the amount of rebates given (identify exact date, time, class of broadcast and dollar amount for each rebate), if any.



August 15, 2016

Sheri Sadler Sadler Strategic Media, Inc. 12103 Viewerest Road Studio City, CA 91604

Dear Ms. Sadler:

Please accept this letter as authorization to represent JIM COSTA FOR CONGRESS.

Our official information is as follows:

Jim Costa for Congress 2037 West Bullard, #355 Fresno, CA 93711-1200 PH: (559) 252- 2004

Name of Treasurer: Steve Diebert FEDERAL I.D.# C00391029

Sincerely,

In h

JIM COSTA